

Town of Northfield Employment Application

Office of the Town Administrator & Board of Selectmen

69 Main Street, Northfield, Massachusetts 01360 Phone: 413-498-2901 Fax: 413-413-498-5103 www.northfieldma.gov

An Equal Opportunity/Affirmative Action Employer

The Town of Northfield is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Office of the Town Administrator/Board of Selectmen.

A resume, cover letter, and fully completed application is required for each position applied for. Also, "see resume" is not acceptable in any field.

I. Contact Informa	ition	Date	
Address # and Street		City and State	Zip Code
Telephone			
II. Position Apply	ing For (Please specify positi	ion title)	
How did you hear ab	out the position?		
Have you ever been	employed by the Town of North	field? When? What department?	
III. Education			
School	Name, Address,	City, State Years Atte	ended Degree
High School			
College			
Graduate School			
Frade, Business, Night Courses			
Military Service, Other Training			
IV Licenses (nle:	ase list all licenses related t	to the position you seek)	
••		Yes No If yes, enter exp	niration date
•		Yes No If yes, enter exp	· · · · · · · · · · · · · · · · · · ·
		Yes No If yes, enter ex	· · · · · · · · · · · · · · · · · · ·
-			piration date
Do you have a valid	ases or certifications do you pos	isess (IOD related)?	
Do you have a valid	nses or certifications do you pos	sess (Job related)?	
Do you have a valid What other valid lice	<u>, , , , , , , , , , , , , , , , , , , </u>		
Do you have a valid What other valid lice	<u>, , , , , , , , , , , , , , , , , , , </u>	that you feel best describes your know	vledge:
Do you have a valid What other valid lice	applicable) Check the column		vledge: √ Advanced Leve
Do you have a valid What other valid lice V. Office Skills (If	<u>, , , , , , , , , , , , , , , , , , , </u>	that you feel best describes your know	
Do you have a valid What other valid lice V. Office Skills (Iffice Skills)	applicable) Check the column	that you feel best describes your know	
Do you have a valid What other valid lice V. Office Skills (Iff Microsoft Word Microsoft Excel	applicable) Check the column	that you feel best describes your know	
Do you have a valid What other valid lice V. Office Skills (Iff Microsoft Word Microsoft Excel Microsoft Access	applicable) Check the column	that you feel best describes your know	
Do you have a valid What other valid lice	applicable) Check the column to determine the second of t	that you feel best describes your know	
Do you have a valid What other valid lice V. Office Skills (Iff Microsoft Word Microsoft Excel Microsoft Access Microsoft Power Point	applicable) Check the column to determine the second of t	that you feel best describes your know	

VI. Special Skills Please list any other skills or abilities you feel are relevant:					
VII. Employment History (Please do not write "see" resume) Please account for the last 4 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer. We () may () may not contact your present employer.					
Employer	Address				
Telephone	Title				
Supervisor	Dates Worked				
Salary Received	Reason for Leaving				
Description of Primary duties:_	·				
Employer	Address				
Telephone	Title				
Supervisor	Dates Worked				
Salary Received	Reason for Leaving				
Description of Primary duties:_					
Employer	Address				
Telephone	Title				
Supervisor	Dates Worked				
Salary Received	Reason for Leaving				
Description of Primary duties:_	<u> </u>				
Employer	Address				
Telephone	Title				
Supervisor	Dates Worked				
Salary Received	Reason for Leaving				
Description of Primary duties:_					

VIII. Business References (a minimum of 3 references required, please do not write "see resume")

Name	Address	Phone	Relationship

IX. Employment of Minors

The Town of Northfield is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age. Are you under age 18? If yes, please indicate your age:

X. Pre-Employment Physical Examination

All offers of employment are conditional upon the satisfactory completion of a Health Questionnaire and conditional upon a physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

XI. Pre-Employment Drug and Alcohol Testing

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug and/or alcohol test, where required. Satisfactory completion of a required drug or alcohol test is a condition of employment in the Town of Northfield.

XII. Lie Detector Test

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

XIII. Signature

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

- A. I understand that acceptance of this application by the Town of Northfield does not imply that I will be employed.
- B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- C. I understand that any offer of employment that I receive from the Town of Northfield is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Northfield receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- D. In processing my application for employment, the Town of Northfield may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- F. I hereby release the Town, my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. If employed by the Town of Northfield, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI check on me as a condition of applying for a position with the Town, where

applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

H. I understand that the Town of Northfield is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My Signature Certifies That I Have Read And Agree With The Above Statements And All Statements Contained In This Application For Employment.

Applicant's Signature	
Applicant's Name (Please Print)	
Applicant's Signature Date	